

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|--------------------------|
| Application Number | 10/666,861 |
| Filing Date | September 17, 2003 |
| First Named Inventor | Hisashi Tsukamoto et al. |
| Group Art Unit | 1745 |
| Examiner Name | Dah Wei D. Yuan |
| Attorney Docket Number | Q137-US2 |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | Assignment Papers (for an Application) | After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Authorized | Drawing(s) | Appeal Communication to Board of Appeals and Interferences |
| Amendment with Attachment | Licensing-related Papers | <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| After Final | Petition to Convert to a Provisional Application | Proprietary Information |
| Affidavits/declaration(s) | Power of Attorney, Revocation Change of Correspondence Address | Status Letter |
| Extension of Time Request | Terminal Disclaimer | Other Enclosure(s) (please identify below): |
| Express Abandonment Request | Request for Refund | <input checked="" type="checkbox"/> Pre-Appeal Brief Request for Review |
| Information Disclosure Statement | CD, Number of CD(s) _____ | <input checked="" type="checkbox"/> Form PTO/SB/33 Pre-Appeal Brief Request for Review |
| Certified Copy of Priority Document(s) | Remarks | |
| Response to Missing Parts/ Incomplete Application | | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Customer Number or Bar Code Label

31815


(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 6/14/2007

Phone: (818) 833-2003
Fax: (818) 833-2065

By: 
Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

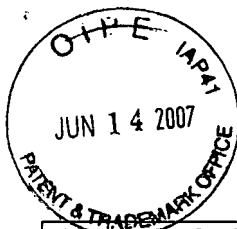
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____

Typed or printed name

TRAVIS DODD

Signature

Date



FEE TRANSMITTAL

| | |
|-----------------------|---------------------------|
| Attorney Docket No. | Q137-US2 |
| First Named Inventor: | TSUKAMOTO, Hisashi et al. |
| Application Number | 10/666,861 |
| Filing Date: | September 17, 2003 |
| Examiner Name: | 1745 |
| Group/Art Unit: | Dah-Wei D. Yuan |

| | |
|--------------------------------------|--|
| TOTAL AMOUNT OF PAYMENT: | \$ 250.00 |
| METHOD OF PAYMENT (check One) | 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card |

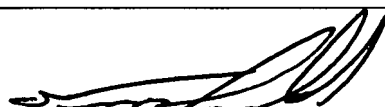
2. UTILITY Basic Filing Fee & Claims

| (1) For | (2) No. filed | (3) No. extra | (4) Large Entity | (5) Small Entity | (6) Calculations |
|---|---------------|---------------|------------------|------------------|------------------|
| Basic Filing Fee | XX | XX | \$300.00 | \$150.00 | \$0.00 |
| Total Claims | 15 - 20 = | 0 | X \$50.00 | X \$25.00 | \$0.00 |
| Independent Claims | 1 - 3 = | 0 | X \$200.00 | X \$100.00 | \$0.00 |
| Multiple Dependent Claim(s) (if applicable) | | | \$360.00 | \$180.00 | \$0.00 |
| Total of above Calculations = | | | | | \$0.00 |

| Basic Filing Fee | Large Entity | Small Entity | Total |
|--------------------------------------|--------------|--------------|---------------|
| Design filing fee | \$ 350.00 | \$ 175.00 | \$0.00 |
| Reissue filing fee | \$ 790.00 | \$ 395.00 | \$0.00 |
| Provisional filing fee | \$ 160.00 | \$ 80.00 | \$0.00 |
| Total of above Calculations = | | | \$0.00 |

3. ADDITIONAL FEES

| Fee Description | Large Entity | Small Entity | Other |
|------------------|--------------|--------------|-----------------|
| Notice of Appeal | \$ | \$250.00 | \$250.00 |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| TOTAL: | | | \$250.00 |

| | | | |
|-------------------|---|---------------------------------------|-----------|
| Name (print/type) | TRAVIS L. DODD | Registration No.: (Attorney/Agent) | 42,491 |
| Signature |  | Date | 6/14/2007 |